

HIGHLAND POLICE

# Citizen's Police Academy Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Community Group or Organization Affiliation:

Why do you wish to attend the Citizen's Police Academy?

Have you ever been convicted of any crime? If so explain:

Give names, addresses, and telephone numbers of two references (Required Information):

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL OR DROP THIS APPLICATION OFF AT:**

Highland Police Department  
3333 Ridge Road  
Highland, Indiana 46322

**IF YOU HAVE ANY QUESTIONS, CALL (219) 838-3184**